

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$475.37 for date of service 06/20/01.
- b. The request was received on 05/16/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/12/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/17/02. The response from the insurance carrier was received in the Division on 07/01/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/10/02

“I feel that the codes that were originally used were coded to the best of TWCC guidelines and should be reimbursed for the services provided.”

2. Respondent: Letter dated 07/01/02

“...In addition, Respondent seeks reimbursement for services for which no MAR is provided. Respondent inadequately documents the discussions, demonstrations and justifications for the requested amounts as compliant with the requirements that the reimbursement be fair and reasonable, keeping in mind the requirements of TEX. LABOR CODE Section 413.011(d).”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/20/01.
2. The explanation of denials listed on the EOBs are, “**F-FEE GUIDELINE MAR REDUCTION. T-NOT ACCORDING TO TREATMENT GUIDELINES.**”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/20/01	22612-80	\$2,000.00	\$0.00	T,F	\$2,529.00 (25% of the listed MAR) for -80 modifier = \$632.25	TWCC Rule 133.304(c)	<p>“F-FEE GUIDELINE MAR REDUCTION and T-NOT ACCORDING TO TREATMENT GUIDELINES.”</p> <p>The carrier has not explained the reasons for denial according to the rule referenced. ...“A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.”</p> <p>The provider is requesting \$316.12 per the Table of Disputed Services.</p> <p>Therefore reimbursement is recommended in the amount of \$316.12.</p>

06/20/01	22650-80	\$750.00	\$0.00	F	\$637.00 (25% of the listed MAR) for -80 modifier = \$159.25	TWCC Rule 133.304(c)	"F-FEE GUIDELINE MAR REDUCTION." The carrier has not explained the reasons for denial according to the rule referenced. ... "A generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section." Therefore reimbursement is recommended in the amount of \$159.25.
Totals		\$2,750.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$475.37.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$475.37 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21st day of February 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb